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King County Department of Transportation

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Federal Transit Administration

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2003 King County

COMMUNITY TRAVEL SURVEY

INDIVIDUAL Questionnaire

The sponsors of this survey thank you for agreeing to participate in the Community Level Travel Survey. Please have every participating member of your household between the ages of 16-65 complete one of these ***INDIVIDUAL Questionnaires***.

Please check, circle, or write in clearly a response to each question. Also, please fill out this questionnaire without the help of your family members as **your** answers are important to us.

If you have questions on this survey, please call the office toll-free at 1-877-684-7874 and we can do some or all of the survey by phone.

Thank you!

Initials of the individual who will fill out survey _____

A. INDIVIDUAL INFORMATION

1: What is your gender?

- ☐ 1. MALE
☐ 2. FEMALE

2: What is your birthdate? Month _____ Day _____ Year _____

3: Do you have a current driver's license?

- ☐ 1. YES ☐ 0. NO

4: What is your ethnicity? (*check all that apply*)

- ☐ 1. Caucasian
☐ 2. African-American
☐ 3. Asian-American
☐ 4. Pacific Islander
☐ 5. American Indian or Alaskan Native
☐ 6. Hispanic
☐ 7. Other: please specify _____

5: How tall are you without shoes? _____ feet _____ inches

6: How much do you weigh without shoes? _____ pounds

7: What is the **highest** level of education you have completed?

- ☐ 1. Less than 7th grade
☐ 2. Junior high/middle school
☐ 3. Some high school
☐ 4. High school
☐ 5. Two year college, vocational, or technical training
☐ 6. Four year college or university
☐ 7. Graduate degree

8: Are you currently attending school or taking classes?

- ☐ 1. YES ☐ 0. NO (*If "No," please skip to question #12*)

9: If so, what type of school are you enrolled in?

- ☐ 1. K - 12
☐ 2. Vocational or technical
☐ 3. College or university
☐ 4. Other, please specify _____

10: If so, what is the name of your school? _____

11: What is the nearest street intersection to your school?

_____ & _____

12: Do you perform volunteer work outside the home?

- ☐ 1. YES ☐ 0. NO (If "No," please skip to question #14)

13: On average, how many days per week do you perform volunteer work? _____

14: What was your total personal income last year from all sources, before taxes?

- ☐ 1. Less than \$10,000
☐ 2. \$10,001 to \$20,000
☐ 3. \$20,001 to \$30,000
☐ 4. \$30,001 to \$40,000
☐ 5. \$40,001 to \$50,000
☐ 6. \$50,001 to \$60,000
☐ 7. \$60,001 to \$70,000
☐ 8. \$70,001 to \$80,000
☐ 9. \$80,001 to \$90,000
☐ 10. \$90,001 to \$99,999
☐ 11. \$100,000 or more

15: Which of the following best describes your current WORK situation?

- ☐ 1. Work full-time
☐ 2. Work part-time
☐ 3. Student
☐ 4. Homemaker
☐ 5. Retired
☐ 6. Disabled
☐ 7. Unemployed, but looking
☐ 8. Unemployed, but not looking

16: How many paying jobs do you have? _____ (If "0," please skip to page 8, Section C)

17: How many total people work for your company or employer (in your office and other office locations)?

- ☐ 1. 1 - 5
☐ 2. 6 - 20
☐ 3. 21 - 50
☐ 4. 51 - 100
☐ 5. 101 - 1,000
☐ 6. 1,001 - 5,000
☐ 7. 5,001+

18: How many people work for your company or employer at your office site?

- ☐ 1. 1 - 5
☐ 2. 6 - 20
☐ 3. 21 - 50
☐ 4. 51 - 100
☐ 5. 101 - 1,000
☐ 6. 1,001 - 5,000
☐ 7. 5,001+

19: Do you work from home?

- ☐ 1. YES (If "Yes," please skip to page 8, Section C) ☐ 0. NO
King County Community Survey Individual Level

B. TRANSPORTATION TO AND FROM WORK

If you work from home or are not employed, please skip to page 8, section C.

1. What is the full address of your **primary** workplace?

street address _____

city, state, & zip _____

cross streets _____ & _____

2. What mode of transportation do you use to get to work? Place a "1" by your primary mode(s) of travel. Example: If you typically drive to your office, place a "1" by "Auto, van, or truck - Driver." Or if you take multiple modes, such as walking and taking the bus, place a "1" by "Walk" and a "1" by "Local bus."

- _____ 1. Auto, van, or truck - **Driver**
- _____ 2. Auto, van, or truck - **Passenger**
- _____ 3. Local bus
- _____ 4. Sounder commuter rail
- _____ 5. Dial a ride or paratransit
- _____ 6. School bus
- _____ 7. Ferry

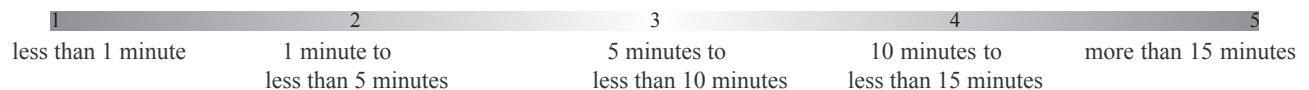
- _____ 8. Vanpool
- _____ 9. Car sharing or flexcar
- _____ 10. Taxi, shuttlebus, or limousine
- _____ 11. Motorcycle or moped
- _____ 12. Bicycle
- _____ 13. Walk
- _____ 14. Other: _____

3. Do you ever use an alternative mode to travel to work?

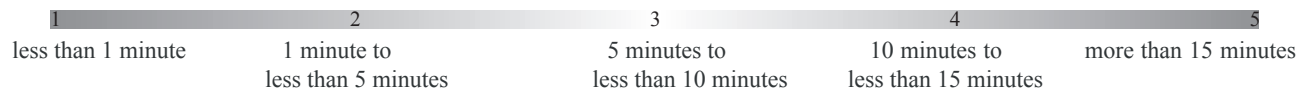
- ☐ 1. YES ☐ 0. NO (If "No," please skip to question #5)

4. If Yes, which transportation mode (1 - 14) from the list above do you use? Record the mode #: _____

5. For transit users only, how many minutes is it from your home to where you access transit (bus, Sounder, ferry, or vanpool)? Please circle the most appropriate answer.

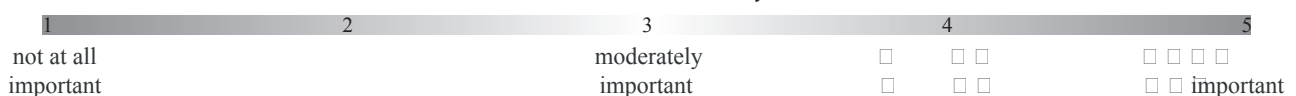


6. For transit users only, how many minutes is it from your employment location to where you access transit (bus, Sounder, ferry, or vanpool)? Please circle the most appropriate answer.

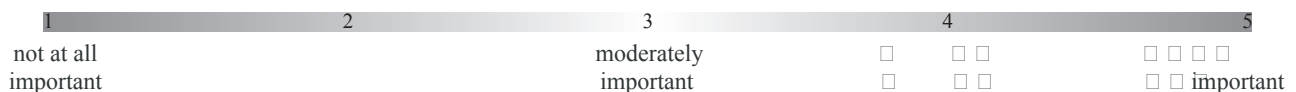


On a scale of 1 to 5 with 1 being "not at all important" and 5 being "very important," please rate the degree to which the following factors affect your choice of transportation mode (i.e. drive, take transit, walk, bike, etc...) to get to work. Circle the answer that best applies to you.

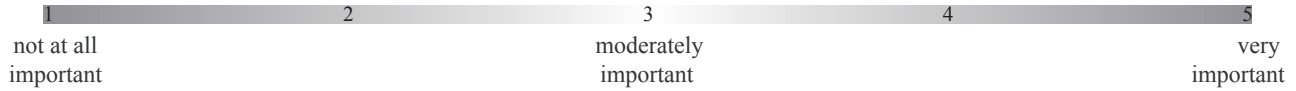
7: Vehicle availability



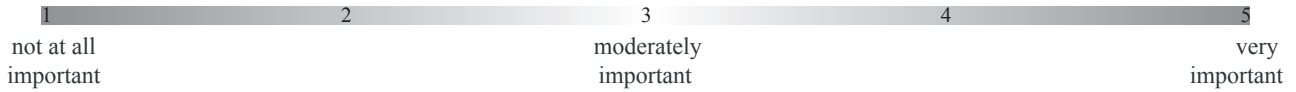
8: Parking availability



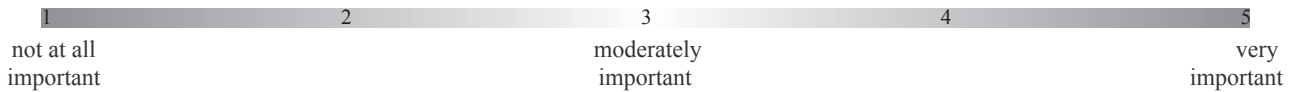
9: Parking cost



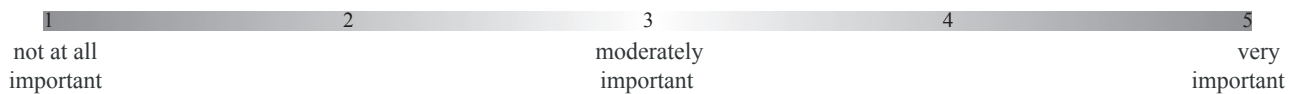
10: Parking location



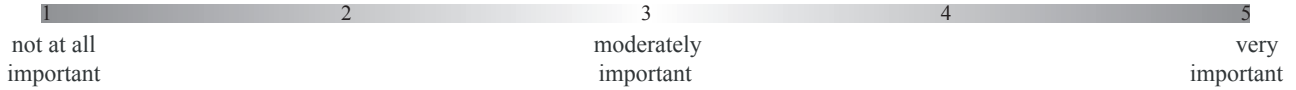
11: Presence of sidewalks



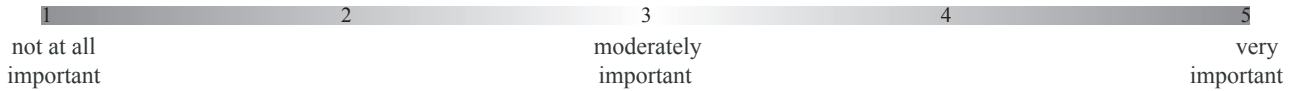
12: Presence of bike lanes



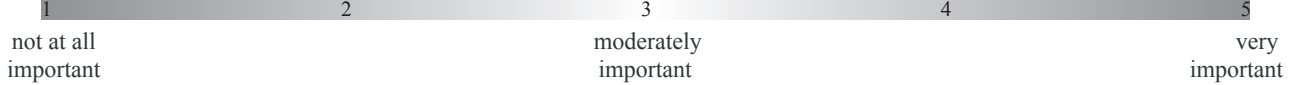
13: Traffic report



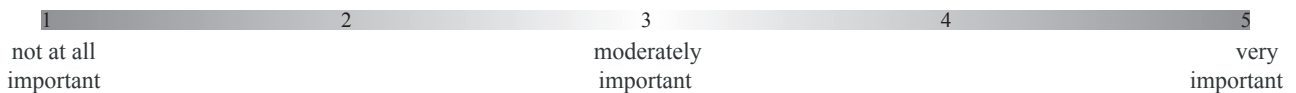
14: Travel time



15: Travel cost



16: Errands before or after work (childcare, grocery shopping, etc....)



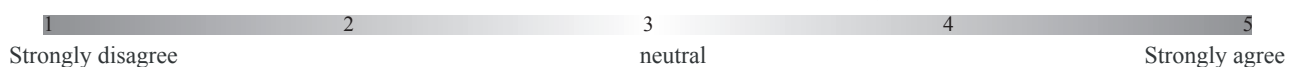
Sidewalks

Please circle the number that best applies to you.

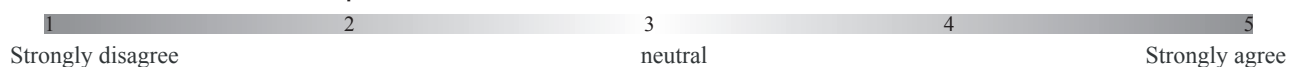
17: There are sidewalks around my work site .



18: The sidewalks are continuous around my work site.



19: The sidewalks around my work site are well maintained
(paved, even, and do not have a lot of cracks).



Employer Incentive Programs

20: Does your employer offer incentives NOT to drive to work? Please check one answer.

☐ 1. YES ☐ 0. NO

21: Please check your answer to the following questions about employer incentive programs. Definitions of employer programs are provided below.

if program is not currently offered:

*times used in a
typical week*

*check if you would
use, if provided.*

*check if you would
know how to use, if
provided.*

Example1 - Telecommuting

a. 2

b. ☐

c. ☐

Example2 - Guaranteed Ride Home

a. 0

b. ☒

c. ☒

1. Ridesharing

a. _____

b. ☐

c. ☐

2. Cash In Lieu of Parking Space

a. _____

b. ☐

c. ☐

3. Free or Subsidized Transit Pass

a. _____

b. ☐

c. ☐

4. A Flexible Work Schedule

a. _____

b. ☐

c. ☐

5. Telecommuting

a. _____

b. ☐

c. ☐

6. Carpool / Vanpool Assistance

a. _____

b. ☐

c. ☐

7. Guaranteed Ride Home

a. _____

b. ☐

c. ☐

8. Bicycle Storage, Lockers, Showers

a. _____

b. ☐

c. ☐

9. Car Sharing / Flex Car

a. _____

b. ☐

c. ☐

Program	Explanation
Ridesharing:	A program that locates individuals who live and work in close proximity to each other. These people can commute to work together.
Cash in Lieu of Parking Space:	Employees are paid not to park a vehicle in the company parking lot. This program encourages carpooling and taking transit to work.
Free or Subsidized Transit Pass:	Employer provides or pays a part of the cost of a bus or rail pass.
A Flexible Work Schedule:	Employees work hours that are different than the typical 9am to 5pm schedule, such as 10am to 6pm, 6am to 3pm, or hours that suit their personal schedule.
Telecommuting:	Employees work from home one or more days a week, but not full-time.
Carpool / Vanpool Assistance:	A program intended to reduce the number of people who drive alone to work. Employees are picked up and dropped off at a designated location.
Guaranteed Ride Home:	Employer arranges a ride, usually in a taxi, for an employee who stays late at work and misses his or her bus, carpool, or other regular ride home.
Bicycle Storage, Lockers, and Showers:	These facilities allow employees to ride their bike to work, store it in a safe location, and use shower facilities to freshen up.
Car Sharing or Flex Car:	Employer arranges for employee to use a vehicle for a specified time duration, such as an afternoon or day.

Carpool, Vanpool, and Public Transportation

22: How long is your commute from your home to your employment location? _____ minutes

23: How long is your commute from your employment location to your home? _____ minutes

24: How much money do you currently spend on personal driving expenses per week commuting to and from work? Personal driving expenses include items such as gas, parking costs, car insurance, and maintenance costs. Circle the answer that best applies to you.



Assuming that public transportation (bus and rail) was improved and convenient for you to take from home to work, would you...

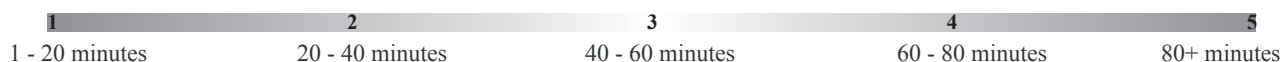
25: Take public transportation to work in order to save the money currently spent on personal driving expenses (amount selected in Question #24) ?

☐ 1. YES (If "Yes," please skip to Question #27) ☐ 0. NO

26: How much money, in addition to the amount selected in Question # 24, would you need to save per week in order for you to take public transportation to your work site? Circle the answer that best applies to you.



27: From the time you leave your house until you arrive at your work site, how much time would you be willing to spend on public transportation, assuming your ideal cost savings? Circle the answer that best applies to you.



Assuming that a carpool or vanpool program was established and convenient for you to take from home to work, would you...

28: Carpool or vanpool to work in order to save the amount of money selected in Question #24 above?

☐ 1. YES (If "Yes," please skip to Question #30) ☐ 0. NO

29: How much money, in addition to the amount selected in Question #24 would you need to save per week in order for you to carpool or vanpool to your work site? Circle the answer that best applies to you.



30: The following factors could be potential benefits for you to take public transportation to your work site.

Check the ONE factor that would most affect your decision to take public transportation to work.

- ☐ 1. Money savings
- ☐ 2. Owning one less vehicle
- ☐ 3. Convenience of pickup and dropoff locations
- ☐ 4. Ability to read, do work, or sleep during the commute
- ☐ 5. Environmental concerns such as air pollution
- ☐ 6. Other, please specify_____

C. TRANSPORTATION TO AND FROM OTHER DESTINATIONS

On a scale of 1 to 5 with 1 being “not at all important” and 5 being “very important,” please rate how much the following POSITIVELY perceived factors influence your WILLINGNESS to WALK in your neighborhood. Circle the answer that best applies to you.

1: Availability of sidewalks

	1	2	3	4	5
not at all					
important					

2: Shops and restaurants

	1	2	3	4	5
not at all					
important					

3: Close to transit (bus or rail)

	1	2	3	4	5
not at all					
important					

4: See and talk to neighbors

	1	2	3	4	5
not at all					
important					

5: Streets are well lit and you feel safe

	1	2	3	4	5
not at all					
important					

On a scale of “not at all important” to “very important,” please rate how much the following NEGATIVELY perceived factors influence your UN-WILLINGNESS to WALK in your neighborhood. Circle the answer that best applies to you.

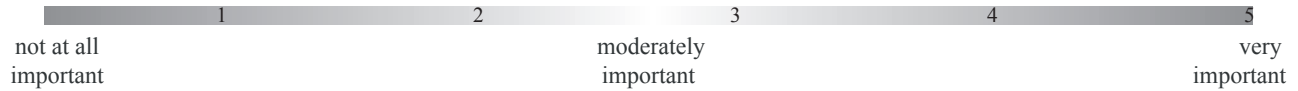
6: Traffic

	1	2	3	4	5
not at all					
important					

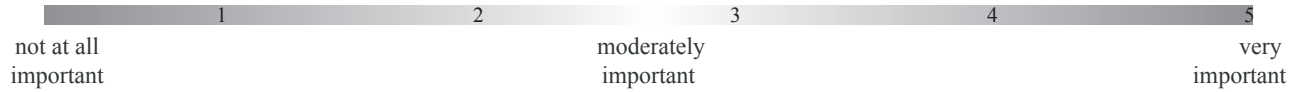
7: Crime

	1	2	3	4	5
not at all					
important					

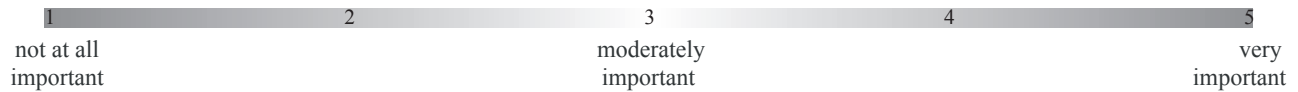
8: Lack of visual interest



9: Nowhere to walk to



10: Many busy intersections



11: To encourage you to use public transportation more often, which places would be important to have near a bus stop or rail station? Check your top **THREE** places.

- ☐ 1. Grocery store
- ☐ 2. Retail store
- ☐ 3. Day care
- ☐ 4. Bank or credit union
- ☐ 5. Doctor, health clinic, or drugstore
- ☐ 6. Restaurant, tavern, fast food, or coffee house
- ☐ 7. Sports facility, health club, field, court, or track
- ☐ 8. Barber or salon
- ☐ 9. Laundromat or dry cleaner
- ☐ 10. Post office
- ☐ 11. Park

12: On average, about how many **one way** trips do you take per week using public transportation such as buses or Sounder commuter trains? Please include trips to work and other locations. (example: if you take the train to and from the mall one day that would be 2 trips) _____

D. LEVELS OF PHYSICAL ACTIVITY

Think about all the **vigorous** activities that you did in the last 7 days. Vigorous physical activities are major exertions and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

1: During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, running, or fast bicycling?

_____ days per week

☐ No vigorous physical activities (*Please skip to question #3*)

2: How much time did you usually spend doing **vigorous** physical activities on **ONE of those days**?

_____ hours _____ minutes **per day**

Think about all the **moderate** activities that you did in the last 7 days. Moderate activities refer to activities that make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3: During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, doubles tennis, or gardening? Do not include walking.

_____ days per week

☐ No moderate physical activities (*Please skip to question #5*)

4: How much time did you usually spend doing **moderate** physical activities on **ONE of those days**?

_____ hours _____ minutes **per day**

Think about the time you spent **walking** in the last 7 days. This includes walking at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

5: During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time?

_____ days per week

☐ No walking (*Skip to Page 11, RECREATION, SPORT, AND LEISURE TIME PHYSICAL ACTIVITY Section*)

6: How much time did you usually spend **walking** on **ONE of those days**?

_____ hours _____ minutes **per day**

E. RECREATION, SPORT, AND LEISURE TIME PHYSICAL ACTIVITY

1: Have you done any of the following activities in the past week in your leisure time?

Please indicate on how many days you did each activity and about how many minutes you did the activity each day. (for any activity you didn't do in the past week, write "0" for the number of days)

Type of Activity	a. On how many days in the past week did you do the activity?	b. About how many minutes did you do the activity each day?	c. Did this activity occur in your neighborhood? (check if yes)
Example: Running	<u>5</u> days	<u>40</u> minutes / day	<u>✓</u> in neighborhood
1. Housework (laundry, vacuuming, etc...)	_____ days	_____ minutes / day	_____ in neighborhood
2. Gardening (planting, weeding, etc...)	_____ days	_____ minutes / day	_____ in neighborhood
3. Home repair & maintenance (painting, carpentry, lawn mowing, etc...)	_____ days	_____ minutes / day	_____ in neighborhood
4. Leisurely walking (strolling, walking while shopping)	_____ days	_____ minutes / day	_____ in neighborhood
5. Walking dog	_____ days	_____ minutes / day	_____ in neighborhood
6. Brisk walking (fast pace for exercise)	_____ days	_____ minutes / day	_____ in neighborhood
7. Jogging or running	_____ days	_____ minutes / day	_____ in neighborhood
8. Bicycling	_____ days	_____ minutes / day	_____ in neighborhood
9. Aerobic exercise (swimming laps, step aerobics, jazzercise, etc...)	_____ days	_____ minutes / day	_____ in neighborhood
10. Golf (walking only - not riding carts)	_____ days	_____ minutes / day	_____ in neighborhood
11. Vigorous sports (tennis, soccer, racquetball, basketball, etc...)	_____ days	_____ minutes / day	_____ in neighborhood
12. Weight Lifting	_____ days	_____ minutes / day	_____ in neighborhood

F. TIME SPENT SITTING

Think about the time you spent **sitting** on **weekdays** during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

1: During the last 7 days, how much time did you spend **sitting** on **ONE of those days**?

_____ hours _____ minutes **per day**

G. PHYSICAL ACTIVITY IN YOUR NEIGHBORHOOD

1: When you travel to the following places from your home, how often do you walk there? Please check one for each location.

	1. Never Walk	2. Rarely Walk	3. Sometimes Walk	4. Often Walk	5. Almost Always Walk	-777. Not Applicable
a. Grocery store						
b. Retail store						
c. Day care center						
d. Bank or credit union						
e. Doctor or health clinic						
f. Restaurant						
g. School						
h. Sports field, court, track						
i. Park						
j. Work						
k. Post office						
l. Bus stop or rail station						

2: Please rate how much you agree or disagree with each of the following statements about walking in your neighborhood. Please check one for each statement.

	1. Strongly Disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly Agree
a. There are services, shops, and restaurants within a walkable distance from my home					
b. When I walk in my neighborhood, I see friends and neighbors along the way					
c. When I walk in my neighborhood, there are interesting things to see along the way					
d. There are good sidewalks in my neighborhood					
e. There are safe street crossings in my neighborhood					
f. There is adequate street lighting in my neighborhood					
g. When I walk in my neighborhood, I am safe from traffic					
h. When I walk in my neighborhood, I am safe from crime					
i. There are no steep hills in my neighborhood					

H. SOCIAL LIFE IN YOUR NEIGHBORHOOD

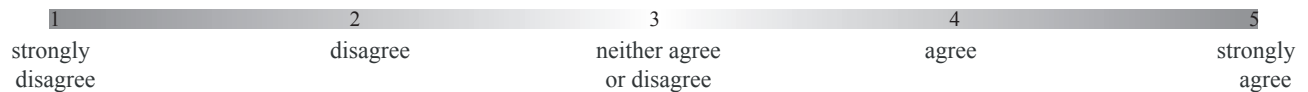
These questions are about interactions with your neighbors. Neighbors are people who live nearby. They do not have to live on your street, but they should live within a short (15 minute) walking distance. Do not consider neighbors who are also relatives.

1: How many days in the past **month** have you: *If none, put "0"*

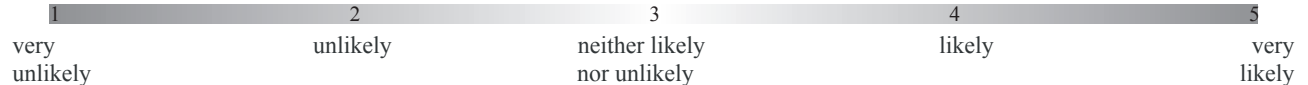
- _____ days a. Waved to a neighbor
- _____ days b. Said hello to a neighbor
- _____ days c. Stopped and talked with a neighbor
- _____ days d. Gone to a neighbor's house to socialize
- _____ days e. Had a neighbor at your house to socialize
- _____ days f. Gone somewhere (restaurant, shopping, ball game) with a neighbor
- _____ days g. Asked a neighbor for help
- _____ days h. Sought advice from a neighbor
- _____ days i. Borrowed things and exchanged favors with a neighbor

Please read the following statements carefully and then circle the answer that best applies to you.

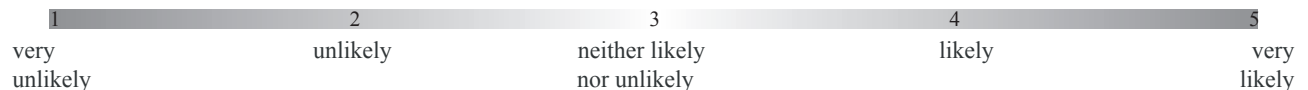
2: I would be willing to work together with others on a project to improve the living environment of my neighborhood.



3: Living in my neighborhood gives me a sense of community.



4: It is easy to make friends in my neighborhood.



I. HEALTH

1: Do you have a medical condition that makes it difficult to travel outside of the home?

- ☐ 1. YES ☐ 0. NO (If "No," please skip to question #3)

2: What medical condition(s) makes it difficult to travel outside of the home? Check all that apply.

- ☐ a. Arthritis / rheumatism
☐ b. Back or neck problem
☐ c. Fractures, bone / joint injury
☐ d. Walking problem
☐ e. Lung / breathing problem
☐ f. Hearing problem
☐ g. Eye / vision problem
☐ h. Heart problem
☐ i. Stroke problem
☐ j. Hypertension or high blood pressure
☐ k. Diabetes
☐ l. Cancer
☐ m. Depression / anxiety / emotional problem
☐ n. Other impairment problem, please specify _____

3: In general, would you say that your health is? Check one answer.

- ☐ 1. Excellent
☐ 2. Very good
☐ 3. Good
☐ 4. Fair
☐ 5. Poor

J. LIFE SATISFACTION

1: All things considered, how satisfied are you with your life as a whole? Check one answer.

- ☐ 1. Very satisfied
☐ 2. Moderately satisfied
☐ 3. No feelings either way
☐ 4. Moderately dissatisfied
☐ 5. Very dissatisfied

***We appreciate that you would take the time to help us with this important study!
Thank you!***

OFFICE USE ONLY:

Date Mailed: _____ Date Entered: _____ By: _____

Date Received: _____ Date Entered: _____ By: _____

ID Number: _____